

BASIC EMT/D ORIGINAL COURSE SUMMER 2011

BASIC EMERGENCY MEDICAL TECHNICIAN COURSE APPLICATION

SPONSORED BY:

ERIE COUNTY DEPARTMENT OF HEALTH – EMERGENCY MEDICAL SERVICES DIVISION

1. Fill out the application on the reverse side of this page or on line at:
http://www.erie.gov/depts/community/emergency_fsd_resources.asp#jump_forms
2. If you are NOT a member of a Fire/Ambulance Agency or a Municipal EMS Service employee THERE IS A FEE FOR THE COURSE. Enclose a **MONEY ORDER** or **CERTIFIED CHECK** (Payable to the Erie County Health Department) for the full amount, and enclose it with your application.
COST = \$775.00
3. IT IS NOT NECESSARY TO CALL THE EMS OFFICE TO VERIFY ENROLLMENT! You will be contacted prior to the start of class ONLY if the course you select has been filled and/or cancelled. Every effort will be made to offer alternative classes.
4. Please submit your application as soon as possible. Courses that reach full enrollment prior to the deadline will be closed.
5. If you have any questions, please call the EMS office at 681-6070.

YOU WILL NOT RECEIVE COLLEGE CREDIT FOR THE FOLLOWING COURSES

#	LOCATION	DAYS	DATES	TIMES
121	Erie County Fire Academy 3359 Broadway, Cheektowaga	Tue, Wed, Thur Some Sat	5/19/11- 8/18/11	7 – 10 PM (SAT 9am-4pm)

****ALL NYS FINAL WRITTEN EXAMS ARE HELD ON THURSDAYS AT 7 PM****

DEADLINE FOR APPLICATIONS IS May 18, 2011

CHECK OUR WEB SITE FOR UPDATES: <http://www.erie.gov/>

If you are a New York State Certified First Responder please bring your NYSCFR # card to the first class.

I understand that:

1. Successful completion of the course requires attendance at all sessions and achievement of a passing grade.
2. Purchasing the **Brady Eleventh Edition Emergency Care* textbook is my responsibility. The approximate cost of the textbook is \$95.00.
3. EMS work is strenuous. The EMT course will require me to physically exert myself. I will consult my physician if I have any doubts about my ability to perform these tasks.

Emergency Medical Services Providers active on EMS units or employees of municipal EMS services are entitled to take tuition free courses. It is the responsibility of the student to provide the completed NYS Verification of Membership Form as proof of participation in an agency with a NYS EMS Agency Code. (Verification of Membership Forms will be available from the Instructor/Coordinator). Those students who do not provide Verification of Membership will be billed tuition for the training course. Failure to pay the tuition will result in dismissal from the course.

Upon receipt of this application by the EMS office, the student will be notified **ONLY** if there are changes in scheduling or the enrollment is closed.

(EMT COURSE APPLICATION (Kg))



Erie County Emergency Services Standard Training Course Application

Training & Operations Center – 3359 Broadway – Cheektowaga NY 14227
www.erie.gov/fire – 716/681-7111 – FAX/681-3645 – fire@erie.gov
Public Safety Campus – 45 Elm Street – Buffalo NY 14203

**FAX COMPLETED
APPLICATIONS TO:
716/681-3645
BY THE PUBLISHED
COURSE DEADLINE**

- 1) This course application must be COMPLETED for EACH student and signed by the student's supervisor. This is REQUIRED even for members of the host agency. STUDENTS MUST BE PRE-REGISTERED by the course deadline (if a deadline is posted).
- 2) Applicants must notify the Training & Operations Center 48-hours prior to the scheduled course start if they WILL NOT be able to attend the course requested. Your agency may be invoiced for your failure to attend courses registered for.
- 3) The Student's Supervisor must print their name and sign each student's application and check off the appropriate authorizations.
- 4) Include the course number, the location of the course host and the course title from the published training schedule.
- 5) Identify your agency name and identification number, and the date the application is submitted. Enter Fire Department FDID# for Fire Courses -OR- enter your EMS Agency Code for EMS courses.
- 6) Fax (716/681-3645), mail or hand deliver completed applications to the Training & Operations Center on or before the course registration deadline indicated on the training schedule published at www.erie.gov/fire (if a deadline is posted) [Form#ECFS-1013].

STUDENT INFORMATION: (PLEASE PRINT ALL INFORMATION)

LAST NAME					FIRST					MI	
RANK/TITLE											
HOME ADDRESS											
CITY					ST		ZIP				
CELL PHONE			OFFICE PHONE			HOME PHONE			PAGER		
SSN#:											
E-MAIL:											

Check these boxes only if you DO NOT wish to receive training information: ☐ Via E-Mail ☐ Via US Mail ☐ Via TXT/Cell/Pager

COURSE INFORMATION: (PLEASE PRINT ALL INFORMATION)

COURSE#:			COURSE TITLE:						
COURSE HOST LOCATION:									<input type="checkbox"/> CHECK THIS BOX IF YOU ONLY NEED TO MAKE-UP CLASSES

SUPERVISOR AUTHORIZATION: (PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

AGENCY NAME:			FIRE & EMS AGENCIES	
			FDID# or EMS Agency Code:	
DATE SUBMITTED:			CERTIFICATIONS - CHECK AS APPLICABLE	
PRINT SUPERVISOR'S NAME:			I certify that this applicant:	
SUPERVISOR'S SIGNATURE: I certify by my signature here that this applicant meets all pre-requisites and is eligible and authorized to attend this course			<input type="checkbox"/> Has a current OSHA compliant firefighter physical <input type="checkbox"/> Is capable of using Self-Contained Breathing Apparatus <input type="checkbox"/> Is capable of participating in interior/live fire fighting operations	

Use this form to register for all county and state emergency services courses listed on the Erie County Emergency Services Training Schedule published at www.erie.gov/fire

[FORM: ECFS-1063 AS OF: 08/05/09]

DATE RECEIVED:
(Office Use Only)